


U.S. APPLICATION NO. (If known, see 37-CFR 1.5)		INTERNATIONAL APPLICATION NO.		ATTORNEY'S DOCKET NUMBER	
10/559954		PCT/EP2004/006477		Le A 36 784	
21. The following fees are submitted:				Applicant use	Office use only
<input checked="" type="checkbox"/> a) Basic national fee..... \$300.00				\$ 300.00	
<input checked="" type="checkbox"/> b) Examination fee..... \$200.00				\$ 200.00	
<input checked="" type="checkbox"/> c) Search fee..... \$500.00				\$ 500.00	
TOTAL OF ABOVE CALCULATIONS = \$1000.00				\$ 1,000.00	
<input type="checkbox"/> Additional fee for specification and drawings filed in paper over 100 sheets (excluding sequence listing or computer program listing filed in an electronic medium). The fee is \$250 for each additional 50 sheets of paper or fraction thereof.					
Total Sheets	Extra sheets	Number of each additional 50 or fraction thereof (round up to a whole number)	RATE		
67 - 100 =	0 /50 =	0	x \$250.00	\$ 00.00	
Surcharge of \$130.00 for furnishing the oath or declaration later than 30 months from the earliest claimed priority date (37 CFR 1.492(e)).				\$	
CLAIMS	NUMBER FILED	NUMBER EXTRA	RATE	\$	
Total claims	8 - 20 =	0	x \$50.00	\$ 00.00	
Independent claims	5 - 3 =	2	x \$200.00	\$ 400.00	
MULTIPLE DEPENDENT CLAIM(S) (if applicable)		0	+ \$360.00	\$ 00.00	
TOTAL OF ABOVE CALCULATIONS =				\$ 1,400.00	
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27. The fees indicated above are reduced by %.				\$	
Adjustment Date: 03/30/2006 WA: VARAD					
SUBTOTAL =				\$ 1,400.00	
Processing fee of \$130.00 for furnishing the English translation later than 30 months from the earliest claimed priority date (37 CFR 1.492(f)).				\$ 400.00 CR	
TOTAL NATIONAL FEE =				\$ 1,400.00	
Fee for recording the enclosed assignment (37 CFR 1.21(h)). The assignment must be accompanied by an appropriate cover sheet (37 CFR 3.28, 3.31). \$40.00 per property				\$ 400.00 DA	
TOTAL FEES ENCLOSED =				\$ 1,400.00	
Amount to be refunded:					\$
Amount to be charged					\$
a. <input type="checkbox"/> A check in the amount of \$ _____ to cover the above fees is enclosed.					
b. <input checked="" type="checkbox"/> Please charge my Deposit Account No. <u>13-3372</u> in the amount of \$ <u>1,400.00</u> to cover the above fees. A duplicate copy of this sheet is enclosed.					
c. <input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge any additional fees which may be required, or credit any overpayment to Deposit Account No. <u>13-3372</u> . A duplicate copy of this sheet is enclosed.					
d. <input type="checkbox"/> Fees are to be charged to a credit card. WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.					
NOTE: Where an appropriate time limit under 37 CFR 1.495 has not been met, a petition to revive (37 CFR 1.137(a) or (b)) must be filed and granted to restore the International Application to pending status.					
SEND ALL CORRESPONDENCE TO: Customer No. 35969					
Jeffrey M. Greenman Bayer Pharmaceuticals Corporation 400 Morgan Lane West Haven, CT 06516			 SIGNATURE Susan M. Pellegrino NAME 48,972 REGISTRATION NUMBER		

PCT/EP2004/006477	
DEPOSIT ACCOUNT NO.	
13	3372
FE	VALUE
1632	500
1644	400
1640	400
1616	360

BEST AVAILABLE COPY